



03/2011

Nebraska VR  
Nebraska Department of Education**CORRECTIVE ACTION PLAN**

Date: \_\_\_\_\_

**General Information**

Consumer Name: \_\_\_\_\_

Authorization #: \_\_\_\_\_

Description of  
fund misuse:

Amount of funds misused:

\$

**Plan of Corrective Action**

I have misused state and/or federal funds provided to me as a part of my Individualized Plan for Employment and am liable for the full repayment of these funds, and/or the restitution of goods/services. I have identified the following steps to correct my misuse of funds:

Step 1:

Step 2:

Step 3:

Step 4:

Approximate date of Completion:

I understand that services from Nebraska VR (Vocational Rehabilitation) may continue as long as I am following the Corrective Action Plan outlined above. Failure to complete the Corrective Action Plan could result in the discontinuation of VR services, use of collection procedures, referral to law enforcement, and/or reporting to credit agencies.

Consumer Signature \_\_\_\_\_

Date: \_\_\_\_\_

Counselor Signature \_\_\_\_\_

Date: \_\_\_\_\_